



Meadowlarke Stables Inc.

Sports & Farm Camp Registration Form

Student Name: _____ Birth Date: _____

Address: _____
 Street City Province Postal Code

Telephone: _____ Cell: _____
 Home Business

E-Mail Address: _____

Student Under Age 18

Name of Parent or Guardian _____ Telephone _____

Please provide any additional information which may be helpful to the staff
 (Physical and/or Mental disabilities, Allergies, Medication, etc.)

Program Name/Day/Time: _____ Fee: _____

Bussing : Mississauga Valley _____ South Common _____ Meadowlarke South _____ Georgetown _____

Extended Hours 8am-5:30pm: _____ Daily Horseback Riding: \$65 _____

Visa/Mastercard: _____ Exp. Date: _____

Cardholders Name: _____ Cardholder Signature _____

PLEASE READ CAREFULLY - GENERAL RELEASE

On behalf of myself and on behalf of all children on whose behalf I am registering as participants for programs at Meadowlarke Stables Inc I hereby release Meadowlarke Stables Inc, its officers, its directors, its agents, its employees and its volunteers from all liability, whether direct or indirect, and hereby wave all claims, demands, and actions I have or may have against Meadowlarke Stables Inc, its officers, its directors, its agents, its employees and its volunteers for any damages, costs, and expenses, including but not limited to stolen or lost property, personal injury, and allegations of negligence, breach of statutory duty, or negligent misrepresentation, arising from or connected with participation in any activity contemplated by this registration. I hereby indemnify Meadowlarke Stables Inc, its officers, its directors, its agents, its employees and volunteers, from and against any claims that may be made against Meadowlarke Stables Inc, its officers, its directors, its agents, its employees and its volunteers by a third party. I have read and understood the program and activity content, I understand the risks associated with participating in a recreational outdoor program.

I/We further acknowledge that any physical and/or mental disabilities, as set out above, constitute full and absolute disclosure and that accepting such full and complete disclosure there are no other medical reasons that would effect participation in equestrian activities.

The participant is responsible for his/her own medical coverage. I hereby give permission to have staff arrange for any emergency medical care including hospitalization if necessary.

On behalf of myself and all children on whose behalf I am registering as participants for programs at Meadowlarke Stables Inc, I agree that photo and video will be taken during camp and maybe used for promotional purposes and or posted on social media.

I/We have read Meadowlarke Stables Inc. policies . I/We understand and agree to these policies.

Date: _____ Signature of Applicant: _____

Signature of Parent or Guardian: _____

CREDIT CARD RECEIPTS WILL BE ISSUED BY EQUINE EMPORIUM

Address: 5154 Third Line Erin, ON L7J 2L8

FAX (905) 821-1796 E-Mail: info@meadowlarkestables.com